J . S	Form prescribed by mattroller General, U. SApproved For Reflease 2002/06/10 CA-BERGA 360R00040 September 7, 1950 Reg. No. 51, Supp. No. 11) nended February 20, 1952) COST REIMBURSABLE (Department, bureau, or establishment)						.	PAID BY				
oucher prep	ared at										1	
THE UNITED STATES, Dr.,			(Give place and date) Payee's Account No. 1034					SA	SAPC 6641 COPY OF 3			
		(Payee)					COPT					
0			(Payee)	<i>;</i>								
	(Add	dress)	(C	City)	(State	e)						
No. and Date of	Date of Delivery or Service	(Enter des	crintian, item ni	RTICLES OR SERVICES		ederal supply OUANTITY -		UNIT PRICE		AMOUNT		
Order		schedule, and othe Discount Terms		r information decimed necessary		,		Cost Per		Dollars Ct		
		Costs								84	89	
AYMENT: Complete Partial Final												
			Use continuat	tion sheet(s) if necess	ary	1					_	
hipped from		to	Use continuat Weight	tion sheet(s) if necess G	overnment B/L	No.	must NO	T nee this	Total	\$84	89	
			Weight		overnment B/L	(Payee	e must NO		space)			
certify that the	above bill is correc		Weight that payment ha	G	overnment B/L	(Payee	28				-	
certify that the		ct and just and	Weight that payment ha	G	overnment B/L	(Payed	es		space)		-	
certify that the	above bill is correc	ct and just and	Weight that payment ha	G	overnment B/L	(Payed	es	correct fo	space)		-	
certify that the	above bill is correc	ct and just and (Sign origin	Weight that payment ha aal only)	G s not been received.	overnment B/L	(Payer	nt verified;	correct fo	space)	74	-	
STA	above bill is correct	ct and just and (Sign origin	Weight that payment ha sal only) Date	G as not been received.	overnment B/L	(Payer	es	correct fo	space)	d.		
Oate5. Pei	above bill is correct	ct and just and (Sign origin	Weight that payment ha sal only) Date	G s not been received.	overnment B/L	(Payer	nt verified;	correct fo	space)	74		
Oate5. Per	above bill is correct	ct and just and (Sign origin	Weight that payment ha sal only) Date	Req. No.	overnment B/L	(Payer	nt verified; ture or init	correct fo	space)	d.		
Pei Contract No.	above bill is correct	ct and just and (Sign origin	Weight that payment ha sal only) Date	Req. No. SIGN ORIGINAL	overnment B/L	(Payer	nt verified; ture or init	correct fo	space) (Invoice Rec's	d.		
Contract No.	above bill is correct	(Sign origin	Weight that payment had all only)	Req. No. Req. No. rrect and proper for SIGN ORIGINAL ONLY	payment †	(Payer Difference Amoun (Signa Da	nt verified; ture or init	correct fo	Invoice Rec'	d.	1737 L	
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Per Contract No. Appro	A LOL Ority vested in me. CTING OFFI THE REVERSE OF I	CER THIS FORM MUST B UNTING CLASS	Weight that payment had all only) Date his account is core E EXECUTED WHEN P	Req. No. Req. No. SIGN ORIGINAL ONLY STATINTL PURCHASES ARE MADE OF	payment †	(Payer (Payer (Payer) Amoun (Signa) Da Da ED WITHO	nt verified; ture or init ate	correct fo	IN ANY FORM	TATINT		

